



EMPLOYMENT APPLICATION

(An Equal Opportunity Employer)

Fill in all spaces. If an item does not apply insert "none". This application will be considered current for thirty days from this date. After that time the application must be renewed to be considered. You must fill in your own application. Applicants with disabilities who wish to discuss any need for reasonable accommodation in completing the application process are invited to discuss these concerns with the interviewer.

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Present Address	City/State/Zip	How Long There?	Area Code/Phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Address	City/State/Zip	How Long There?	Area Code/Phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Position Applied For	Salary Required	Date Available
<input type="text"/> Full or Part-Time: <input type="text"/>	<input type="text"/>	<input type="text"/>

Why did you apply to this company?	<input type="text"/>
------------------------------------	----------------------

Are you willing to work every weekend (Saturday and Sunday)?	<input type="text"/> (Yes or No)
---	----------------------------------

Are you willing to work nights?	<input type="text"/> (Yes or No)
---------------------------------	----------------------------------

Are you willing to take a physical exam?	<input type="text"/> (Yes or No)
--	----------------------------------

Have you or a relative ever worked for this company?	<input type="text"/> (Yes or No)
--	----------------------------------

If yes, please state date(s) of employment:	<input type="text"/>
---	----------------------

Have you ever applied to this company before?	<input type="text"/> (Yes or No)
---	----------------------------------

If yes, when?	<input type="text"/>
---------------	----------------------

Are you a citizen of the United States or do you have the legal right to work in the United States?	<input type="text"/> (Yes or No)
---	----------------------------------

Have you ever been convicted or plead no contest to a crime before a civilian or military court (other than a minor traffic violation)?	<input type="text"/> (Yes or No)
---	----------------------------------

If so, give details (Conviction of a crime is not an automatic bar to employment. All circumstances will be considered):	<input type="text"/>
--	----------------------

Veteran of U.S. Armed Services	Service Branch	Date Entered	Date Discharged & final Rank
<input type="text"/> (Yes or No)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please state whether you are at least 18 years of age:	<input type="text"/> (Yes or No)
--	----------------------------------

Are you capable of performing all the essential duties of the position for which you are applying, with or without reasonable accomodation needed, if any?	<input type="text"/> (Yes or No)
--	----------------------------------

EDUCATION

Education	Name & Address of School	Highest Level Completed	Course of Study	Graduated	Diploma or Degree
High School	<input type="text"/>	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	N/A	<input type="text"/> (Yes or No)	N/A
College or University	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="text"/>	<input type="text"/> (Yes or No)	<input type="text"/>
Other (Specify)	<input type="text"/>		<input type="text"/>	<input type="text"/> (Yes or No)	<input type="text"/>

If you are applying for a clerical position, please complete the following:

Speed in Typing: WPM Dictation: WPM Dictation Experience: (Yes or No)

Additional work experience, skills, information, licenses, certifications, special study or research work relating to position applied for or of general interest:

Is any additional information necessary to enable a check of your records, such as a change of name, use of an assumed name or nickname? (Yes or No)

If yes, please explain:

Are you currently employed? (Yes or No)

May we contact your present employer? (Yes or No)

EMPLOYMENT HISTORY

Employer 1 Name, Address & Telephone	<input type="text"/>
Starting Position	<input type="text"/>
Final Position	<input type="text"/>
Rate of Pay	Start: <input type="text"/> Final: <input type="text"/>
Name of Supervisor	<input type="text"/>
Dates Employed	From: <input type="text"/> To: <input type="text"/>
Reason for leaving	<input type="text"/>
Employer 2 Name, Address & Telephone	<input type="text"/>

Starting Position	
Final Position	
Rate of Pay	Start: <input type="text"/> Final: <input type="text"/>
Name of Supervisor	<input type="text"/>
Dates Employed	From: <input type="text"/> To: <input type="text"/>
Reason for leaving	<input type="text"/>
Employer 3 Name, Address & Telephone	<input type="text"/>
Starting Position	<input type="text"/>
Final Position	<input type="text"/>
Rate of Pay	Start: <input type="text"/> Final: <input type="text"/>
Name of Supervisor	<input type="text"/>
Dates Employed	From: <input type="text"/> To: <input type="text"/>
Reason for leaving	<input type="text"/>

By submitting this form, you agree to the following:

I certify that answers to the foregoing questions are true and correct and understand that any false or misleading or omission on the application shall be sufficient cause for rejection or immediate dismissal. I hereby authorize release of any information regarding any criminal convictions that may exist against me, and ask my former employer(s) and all other persons named herein who might have information concerning me, to give any information regarding my former employment or any other information they may have regarding me whether or not the same is a matter of record, and hereby release them and each of them from any liability for any damage whatsoever which I could or might claim because of such disclosure.

In making this application for employment, it is understood and accepted that as a part of the application and employment process, and/or during employment with Arnaud's, I may be asked to submit to polygraph examinations, stress tests, or physical examinations which will include testing for alcohol and drugs, and/or be fingerprinted. By signing this application, I hereby agree to submit to such examinations, test, and fingerprinting and release all persons and companies from any liability arising out of such examinations, tests, and fingerprintings.

I understand that the use of this form does not indicate that there are positions open and does not in any way obligate Arnaud's. If employed, I agree to abide by and observe all of Arnaud's rules and regulations. I further understand that any such future employment is terminable by either party at will, with or without notice or cause.

In making this application, it is understood that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. (Under the Fair Credit Reporting Act, an applicant will be advised if a consumer credit check plays a factor in rejecting the applicant.)

Date: Applicant: